

ED 524B

U.S. Department of Education Grant Performance Report Cover Sheet (ED 524B) Check only one box per Program Office instruction.

OMB No. 1890-0004 OMB Approved

[X] Anno	ual Performance Report Final Perfo		
General Information			
1. PR/ Number #: S349A050031	2. NCES ID#: 2	227377	
(Block 5 of the Grant Award Notification	- 11 Characters.) (See Instructions - Up to 12 Characters.)		
3 Project Title: Early Childhood Educator Profe	ssional Development Grant		
(Enter the same title as on the approved	application.)		
4. Grantee Name (Block 1 of the Grant Award N	Notification): The University of Texas at	Brownsville and Texas Southmost College	
5. Grantee Address (See Instructions.)			
6. Project Director Name: Dr. John A. Sutterby	Title: Principal	Investigator/Project Director	
Ph #: (956) 882 - 4140 Ext: ()	Fax #: (956)	32 - 5714	
Email Address: john.sutterby@utb.edu			
Penarting Paried Information (Cas Instru	uations)		
Reporting Period Information (See Instru		A A TOTAL PROPERTY OF	
7. Reporting Period: From: <u>09/01/2006</u>	To: <u>08/31/2007</u> * (mm/dd/yyy	y) * As per Program Officer	
Budget Expenditures (To be completed by	your Business Office. See instruct	tions. Also see Section B.)	
8. Budget Expenditures	Federal Grant Funds	Non-Federal Funds (Match/Cost Share)	
a. Previous Budget Period (2005-2006)	\$1,007,432	\$1,007,432	
b. Current Budget Period (2006-2007)	\$2,008,019	\$2,008,019	
c. Entire Project Period			
(For Final Performance Reports only)			
Approving Federal agency:ED _	ate Agreement: From: 09 / 01 / 2000 Other (Please specify): DHHS Reports Only): X Provisional Fine: - Are you using a restricted indirect coect Cost Rate Agreement?	6 To: 08 / 31 / 2007 (mm/dd/yyyy) al Other (Please specify)	
Human Subjects (See Instructions.)	2)1		
10. Annual Certification of Institutional Review	Board (IRB) Approval? X Yes N	NoN/A	
Performance Measures Status and Certif	ication (See Instructions.)		
	ares for the current budget period include	ed in the Project Status Chart? X Yes No	
b. If no, when will the data be available and			
12. To the best of my knowledge and belief, all known weaknesses concerning the accuracy, reli	data in this performance report are true a iability, and completeness of the data.	and correct and the report fully discloses all	
Dr. John A. Sutterby	Title: Principal	Investigator/Project Director	
Name of Authorized Representative:	11000-110		
that I to	Date: 11,28,	(1)	
Signature:	Date: 11/01/	O I	

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

Federal Agency and Organizational Element Which Report is Submitted	2. Federal Grant or Other I By Federal Agency	OMB Approval Page of No 1 1		
Department of Education	S349A050031			pages
 Recipient Organization (Name and complete ad The University of Texas at Brownsville; 		sville, TX 78520		
4 Employer Identification Number 74-2759269	5. Recipient Account Numb 22-3-1-450340-4200		6 Final Report Yes No	7. Basis Cash Accrual
Funding/Grant Period (See instructions) From (Month Day, Year) 9/1/2005			Period Covered by this Report From. (Month, Day, Year) 9/1/2005	
10 Transactions:		Previously Reported	This Period	III Cumulative
a Total outlays		1000	2,014,864.68	2,014,864.68
b. Refunds, rebates, etc.				0.00
 Program income used in accordance with t 	c. Program income used in accordance with the deduction alternative			0.00
d Net cuttays (Line a, less the sum of lines b and c)		0.00	2,014,864.68	2,014.864.68
Recipient's share of net outlays, consisting of a Third party (in-kind) contributions			1,007,432.34	1,007,432.34
				0.00
g. Program income used in accordance with the sharing alternative	ne matching or cost			0.00
h. All other recipient outlays not shown on lines	e. forg			0.00
Total recipient share of net outlays (Sum of	Total recipient share of net outlays (Sum of lines e. f, g and h)		1,007,432,34	1,007,432.34
Federal share of net outlays: (line d less line i)		0.00	1,007,432.34	1,007,432.34
k Total unliquidated obligations		0.25	allostos	000.00
l. Recipient's share of unliquidated obligations			No. of the last	
m. Federal share of uniquidated obligations				
n. Total Federal share (sum of lines) and m)	n. Total Federal share (sum of lines) and m)		Mary Sales	1,007,432.34
 Total Federal funds authorized for this fund. 	Total Federal funds authorized for this funding period		Territoria de	4,812,227.00
p. Unobligated balance of Federal funds (Line	p. Unobligated balance of Federal funds (Line o minus line n)			3,804,794.66
Program income, consisting of: q. Disbursed program income shown on lines	a andies a phone		100 B	0.00
 Disbursed program income shown on lines Disbursed program income using the additional program income using the a	NAME AND ADDRESS OF THE OWNER, WHEN PARTY AND AD	200	- To Bank 188	0.00
s. Undisbursed program income		HI CONTRACTOR IN		0.00
t. Total program income realized (Sum of line	s q, r and s)		TO YOUR DE	0.00
a Type of Rate (Place "X" in appropriate box) Indirect Provisional Predi		determined	☐ Final	☐ Fixed
Expense b Rate 8%	c Base 908,802.99	d. Total Amount 72,704	1000	Federal Share 72,704.23
 Remarks. Attach any explanations deemed governing legislation. 	necessary or information req	uited by Federal sportsori	ng agency in compliance	e with
Certification. I certify to the best of my known unliquidated obligations are to the control of the certification.			mplete and that all out	ays and
Typed or Printed Name and Title Yolanda De Ia Riva, Director of Busines	s Affairs		Telephone (Area code, (956) 882-7242	number and extension)
Sanature Authorze Certifying Official	1		Date Report Submitted September 25, 20	007

Previous Edition Usable NSN /540-81-012-4285 269-104

Standard Form 269 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

Federal Agency to Which Report Department of		ant 2 Federal Grant or Other Identifying Number Assigned By Federal Agency S349A050D31			OMB Approval Page of No. 1 1 1 pages	
		address, including ZIP code) le, 80 Fort Brown; Browns	sville, TX 78520			
Employer Ident 74-2759269	fication Number	6 Recipient Account Num 22-3-1-450340-4200		6 Final Report	7. Basis Cash	
The second of the second of the second	8 Funding/Grant Period (See instructions) From: (Month, Day, Year) Tg: (Month, Day Year)		9 Period Covered by this Report From (Month Day, Year) 9/1/2006		To (Month, Day Year) 8/31/2007	
10. Transactions	10. Transactions		Previously Reported	I This Period	III Cumulative	
a. Total outlays		2,014,864.68	The second secon			
b Refunds,	b Refunds, rebates, etc.		0.00	0.00	0.00	
s Program	c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00	
d Net outlay	ys (Line a: less the sum of line	es b and c)	2,014,864.68	4,016,038.34	6,030,903.02	
Recipient's shar	e of net outlays, consisting	of:				
e Third part	y (in-kind) contributions feral awards authorized to be		1,007,432.34	2,008,019.00	3,015,451 34	
			0.00	0.00	0.00	
	 Program income used in accordance with the matching or cost sharing alternative 		0.00	0.00	0.00	
h. All other n	h. All other recipient outlays not shown on lines e, f or g		0.00	0.00	0.00	
) Total recip	Total recipient share of net outlays (Sum of lines e, f, g and h)		1,007,432.34	2,008,019.00	3,015,451.34	
Federal st	nare of net outlays (line o less	fine i)	1,007,432.34	2,008.019.34	3,015.451.68	
k. Total unlik	guidated obligations				0.00	
I. Reopient	Recipient's share of unliquidated obligations				0.00	
m Federals	share of unliquidated obligation	ns			0.00	
n Total Fed	eral share (sum of lines) and	mj				
o Total Fed	Total Federal funds authorized for this funding period				3,015.451.68	
p. Unobligated balance of Federal funds (Line o minus line n)				4,812.227.00		
					1,796,775.32	
q Disbursed	e, consisting of: I program income shown on it	nes c and/or g above		670113	0.00	
* Disburse:	d program income using the a	ddition alternative			0.00	
s Undisture	ed program income				0.00	
t Total prog	ram income realized (Sum of	lines q, r and s)			0.00	
a Type of Rate (Place "X" in appropriate box) 11 Indirect		determined	T Float	2007 100 - 200		
Expense	b Rate 8%	c. Base 1,682,845,10	d Total Amount			
Remarks: A governing k Certification: Typed or Printed I	I certify to the best of my unliquidated obligations a	knowledge and belief that this	report is correct and co	mplete and that all out!	a with	
Yolanda Diva Riva, Director of Business Affairs				Telaphone (Area code, number and extension) 956-882-7644		
Signature of Authorized Centrum Official				Date Report Submitted November 26, 2007		
NSN 7540-01-044		269	-104	Described to 0	Standard Form 269 (Rev. 7-97)	